02/09/2009 15:14

Image# 29932146484

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE 1025 CONNECTICUT AVENUE, N.W. ADDRESS (number and street) **SUITE 1104** Check if different than previously WASHINGTON DC 20036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00325936 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 0 1 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. John E. Mayer, Jr. Type or Print Name of Treasurer Electronically Filed by Dr. John E. Mayer, Jr. 02 09 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE [®] D " D 0 1 0 1 2009 0 1 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 80881.38 January 1 (b) Cash on Hand at 80881.38 Begining of Reporting Period 68365.00 68365.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 149246.38 149246.38 6(a) and 6(c) for Column B) 1137.12 1137.12 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 148109.26 148109.26 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

0 1 3^D1 м N 0 1 м м 0 1 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 66345.00 66345.00 (i) Itemized (use Schedule A) 2020.00 2020.00 (ii) Unitemized (iii) TOTAL (add 68365.00 68365.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 68365.00 68365.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 68365.00 68365.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 68365.00 68365.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity (from Schedule H6)

32. Total Federal Disbursements

from Line 31).....

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 1137.12 1137.12 Expenditures..... 1137.12 1137.12 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 Than Political Committees 0.00 0.00 0.00 0.00 (such as PACs) 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 1137.12 1137.12 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. (subtract Line 21(a)(ii) and Line 30(a)(ii)

1137.12

1137.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	68365.00	68365.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	68365.00	68365.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1137.12	1137.12
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1137.12	1137.12

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to the NS POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Kevin D. Accola Mailing Address 217 Hillcrest Street City Orlando FEC ID number of contributing federal political committee. Name of Employer Cardiovascular Surgeons Receipt For: Primary General Other (specify)	State Zip Code FL 32801 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Michael A. Acker Mailing Address 550 Heath Road City Philadelphia FEC ID number of contributing federal political committee. Name of Employer University of Pennsylvania Receipt For: Primary General Other (specify)	State Zip Code PA 19066 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. David H. Adams Mailing Address 1212 Fifth Avenue City New York FEC ID number of contributing federal political committee. Name of Employer Mount Sinai Receipt For: Primary General Other (specify)	State Zip Code NY 01209 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	SOCIETY OF THORACIC SURGEON	S POLITICA	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Dr. Mark S. Allen Mailing Address 2380 Hardwood Court	0		Date of Receipt
	Mailing Address 2380 Hardwood Court	, Southwest		01 25 2009
	City Rochester	State MN	Zip Code 55902	Transaction ID: SA11AI.8903 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33902	365.00
	Name of Employer Mayo Foundation	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Dr. Joseph E. Bavaria Mailing Address 3400 Spruce Street	ı		Date of Receipt
	City	State	Zip Code	01 27 2009
	Philadelphia	PA	19104	Transaction ID: SA11AI.9006 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Pennsylvania	Occupation Physicia		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Shanda H. Blackmon	1		Date of Receipt
	Mailing Address 3741 Robinhood			01 25 2009
	City Houston	State TX	Zip Code 77005	Transaction ID: SA11AI.8904
	FEC ID number of contributing federal political committee.	C	77005	Amount of Each Receipt this Period 365.00
	Name of Employer The Methodist Hospital	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1230.00
f	TOTAL This Period (last page this line number	only)		

A.

В.

C.

COUEDINE A (EEO Course OV)			FOR LINE NUMBER: PAGE 8 / 40			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
SOCIETY OF THORACIC SURGEONS	S POLITICA	L ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) Dr. Linda J. Bogar			Date of Receipt			
Mailing Address 1632 Paper Mill Road			01 26 7 2009			
City	State	Zip Code	Transaction ID: SA11AI.8940			
Meadowbrook	PA	19046	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Thomas Jefferson Universi- ty	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Paul J. Bolanowski			Date of Receipt			
Mailing Address 105 Denman Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.8868			
Cranford	NJ	07016	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Self	Occupation Physician					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		500.00				
Full Name (Last, First, Middle Initial) Dr. R. Morton Bolman, III			Date of Receipt			
Mailing Address 15 Boston Street			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.8905			
Boston	MA	02115	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Brigham and Women's Hospi- tal	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional)			1250.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 40 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to construct the construction of the cons	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Preben Brandenhoff Mailing Address 1950 Clay Street		Date of Receipt
City San Francisco	State Zip Code CA 94109	0 1
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer California Pacific Medical Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John W. Brown Mailing Address 7970 North Illinois	I	Date of Receipt 0 1 2 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.8984
Indianapolis FEC ID number of contributing	IN 46202	Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer Pediatric & Adult CV Surg- eons	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John H. Calhoon		Date of Receipt
Mailing Address 24 Arnold Palmer		01 25 2009
City San Antonio	State Zip Code TX 78257-1274	Transaction ID: SA11AI.8906
FEC ID number of contributing federal political committee.	TX 78257-1274	Amount of Each Receipt this Period
Name of Employer UTHSCSA Dept. of Surgery	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (antions	al)	2500.00

An or		Deta	each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Λ	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be e name and address of	sold or used by any personal solution solution solutions any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	NS POLITICAL ACT	TION COMMITTEE	
<u></u>	Full Name (Last, First, Middle Initial) Dr. Margarita Camacho			Date of Receipt
	Mailing Address 505 Greenwich Street		o Codo	01 25 2009
	City New York		o Code 0013	Transaction ID: SA11AI.8887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1	500.00
	Name of Employer Newark Beth Israel Medical	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.00	
	Full Name (Last, First, Middle Initial) Dr. Larry J. Cardoza			Date of Receipt
	Mailing Address 5 Medical Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		o Code	Transaction ID: SA11AI.8987
	Roseville	<u>CA 95</u>	5661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.00	
	Full Name (Last, First, Middle Initial) Dr. Andrea J. Carpenter			Date of Receipt
	Mailing Address 7703 Floyd Curl Drive)		01 25 2009
	City	•	o Code	Transaction ID: SA11AI.8889
	San Antonio	TX 78	3229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Texas	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	500.00 ▼	
SI	JBTOTAL of Receipts This Page (optional) .	1		1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 40 (check only one) X 11a
C	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	SOCIETY OF THORACIC SURGEON	IS POLITICA	AL ACTION COMMITTEE	
A.	Full Name (Last, First, Middle Initial) Dr. Michael P. Caskey Mailing Address 7740 North Mockingbi	ird Long		Date of Receipt
				01 26 2009
	City Paradise Valley	State AZ	Zip Code 85253	Transaction ID: SA11AI.8966
	FEC ID number of contributing federal political committee.	C	60200	Amount of Each Receipt this Period 1000.00
	Name of Employer Southwest Heart & Lung	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Robert J. Cerfolio Mailing Address 1900 University Boule			Date of Receipt
	Mailing Address 1900 Offiversity Bodie	varu		01 25 2009
	City	State	Zip Code	Transaction ID: SA11AI.8890
	Birmingham FEC ID number of contributing federal political committee.	C	35294-0016	Amount of Each Receipt this Period 2000.00
	Name of Employer University of Alabama	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Aurelio Chaux			Date of Receipt
	Mailing Address 10665 Savona Road			01 25 7 2009
	City Los Angeles	State CA	Zip Code 90077	Transaction ID: SA11AI.8891
	FEC ID number of contributing federal political committee.	C	90077	Amount of Each Receipt this Period 250.00
	Name of Employer Retired	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			3250.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. W. Randolph Chitwood Mailing Address 146 Longmeadow Roa City Greenville FEC ID number of contributing federal political committee. Name of Employer East Carolina University Receipt For: Primary General Other (specify)	State Zip Code NC 27858 C Occupation Physician Aggregate Year-to-Date 1500.00	Date of Receipt M M C 25 2009 Transaction ID: SA11AI.8892 Amount of Each Receipt this Period 1500.00
Full Name (Last, First, Middle Initial) Dr. Yolonda L. Colson Mailing Address 75 Francis Street City Boston FEC ID number of contributing federal political committee. Name of Employer Brigham and Women's Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02115 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John V. Conte Mailing Address 2903 Mount Snow Cou City Ellicott City FEC ID number of contributing federal political committee. Name of Employer Johns Hopkins University Receipt For: Primary General Other (specify)	State Zip Code MD 21042 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than using	and Statements may not be sold or used by any p g the name and address of any political committe	erson for the purpose of soliciting contributions see to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	EONS POLITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) Dr. Joseph S. Coselli		Date of Receipt				
Mailing Address 3942 Del Monte	Mailing Address 3942 Del Monte					
City	State Zip Code	Transaction ID: SA11AI.8967				
Houston	TX 77019	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer Baylor College of Medicine	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) B. Dr. Ralph Damiano		Date of Receipt				
Mailing Address 9 Clermont Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11AI.8907				
St. Louis	MO 63124	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer Washington University	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00					
Full Name (Last, First, Middle Initial) C. Dr. David W. Deaton		Date of Receipt				
Mailing Address 57 Jonquil Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Longmeadow	State Zip Code MA 01106	Transaction ID: SA11AI.8943 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer Cardiac Surgical Associat- es	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (option	al)	2365.00				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 40 (check only one) X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to EONS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Pedro J. del Nido Mailing Address 9 Heritage Drive		Date of Receipt
		01 26 2009
City	State Zip Code	Transaction ID: SA11AI.8944
Lexington FEC ID number of contributing federal political committee.	MA 02420	Amount of Each Receipt this Period 500.00
Name of Employer Children's Hospital Boston	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gary F. Earle		Date of Receipt
Mailing Address 913 Wishbone Cir	cle	01 27 2009
City Lexington	State Zip Code KY 40502	Transaction ID: SA11AI.8936 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Central Baptist Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. L. Henry Edmunds		Date of Receipt
Mailing Address 130 North Roberts	01 26 2009	
City Bryn Mawr	State Zip Code PA 19010	Transaction ID: SA11AI.8945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Pennsylvania	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 40 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Fred H. Edwards Mailing Address 4614 Ortega Forest	Drive		Date of Receipt
City	State	Zip Code	0 1 2 5 2 0 0 9 Transaction ID: SA11AI.8909
Jacksonville FEC ID number of contributing federal political committee.	C	32210	Amount of Each Receipt this Period 365.00
Name of Employer University of Florida Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) Dr. Robert W. Emery, Jr. Mailing Address 69 Exchange Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8968
St. Paul FEC ID number of contributing federal political committee.	C	55402	Amount of Each Receipt this Period 500.00
Name of Employer Regions Hospital	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard H. Feins			Date of Receipt
Mailing Address 10424 Stone			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chapel Hill	State NC	Zip Code 27517	Transaction ID: SA11AI.8946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27017	250.00
Name of Employer University of North Carol- ina	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements mand and	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
SOCIETY OF THORACIC SURGEON	S POLITIC <i>A</i>	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Francis D. Ferdinand			Date of Receipt
Mailing Address 316 Orchard Way			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.9007
Merion	PA	19066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Main Line Health	Occupation Physicial		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Mark K. Ferguson	Date of Receipt		
Mailing Address 5772 South Garfield Av	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.8910
Hinsdale	<u> </u>	60521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of Chicago	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. T. Bruce Ferguson, Jr.			Date of Receipt
Mailing Address 1510 Wimbledon Place	Э		01 26 7 2009
City	State	Zip Code	Transaction ID: SA11AI.8947
Greenville	NC	27858	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer East Carolina University	Occupation Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional))	1865.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 40 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	NS POLITICA	L ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) Dr. Joseph M. Forbess			Date of Receipt
	Mailing Address 4343 Gloster Road	Ctata	7'o Code	01 25 2009
	City Dallas	State TX	Zip Code 75220	Transaction ID: SA11AI.8911 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13220	500.00
	Name of Employer UT Southwestern	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Richard K. Freeman			Date of Receipt
	Mailing Address 11685 Bradford Place	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8948
	Carmel	IN	40633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Corvasc	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
	Full Name (Last, First, Middle Initial) Dr. Anthony P. Furnary			Date of Receipt
Mailing Address 7266 Southwest Eton Court				0 1 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.8912
	Portland	OR	97225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Starr-Wood Cardiac Group	Occupation Physician	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
_				2000.00

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 40 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	EONS POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Frederick L. Grover			Date of Receipt
Mailing Address 12631 East 17th A	venue		01 25 7 4 9 9
City	State	Zip Code	Transaction ID: SA11AI.8914
Aurora	CO	80045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of Colorado	Occupation Physician		
Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Kristine Guleserian			Date of Receipt
Mailing Address 4021 Travis Street	i		01 25 2009
City	State	Zip Code	Transaction ID: SA11AI.8894
<u>Dallas</u>	TX	75204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer UT Southwestern Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Robert A. Guyton			Date of Receipt
Mailing Address 3286 Northside Pa	arkway		01 26 2009
City	State	Zip Code	Transaction ID: SA11AI.8969
<u>Atlanta</u>	GA	30327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emory Clinic	Occupation Physician		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			1615.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 40 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
SOCIETY OF THORACIC SURGEON:	S POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. John W. Hammon			Date of Receipt
Mailing Address 1001 Dalton Road			0 1 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.8915
<u>Lewisville</u>	NC	27023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Wake Forest University	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John L. Harlan			Date of Receipt
Mailing Address 48 Medical Park East [M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.8970
Birmingham	AL	35235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cardio-Thoracic Surgeons	Occupation Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David A. Heimansohn			Date of Receipt
Mailing Address 10 East 71st Street			01 27 2009
City	State	Zip Code	Transaction ID: SA11AI.8990
Indianapolis	IN	46220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer CorVasc	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 40 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Cynthia S. Herrington		Date of Receipt
Mailing Address 617 Arbor Street		01 27 2009
City	State Zip Code	Transaction ID: SA11AI.8991
Pasadena FEO ID analysis of analytication	CA 91105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer USC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Joseph J. Hessel		Date of Receipt
Mailing Address 7124 North 46th St	reet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9008
Paradise Valley	AZ 85007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Southwest Heart & Lung	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. George L. Hicks		Date of Receipt
Mailing Address 601 Elmwood Hill L	ane	01 26 2009
City	State Zip Code	Transaction ID: SA11AI.8949
Rochester	NY 14642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Rochester	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	3000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatamente mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS	name and add	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Keith A. Horvath Mailing Address 4622 Charleston Terrac	Date of Receipt		
	City	State	Zip Code	0 1 2 5 2 0 0 9 Transaction ID: SA11AI.8917
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Heart, Lung & Blood Insti- tute	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey P. Jacobs	Date of Receipt		
	Mailing Address 2021 Brightwaters Boul	01 25 2009		
	City	State	Zip Code	Transaction ID: SA11AI.8895
	St. Petersburg	FL	33703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Cardiac Surgical Associat- es	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
- С.	Full Name (Last, First, Middle Initial) Dr. James Jaggers			Date of Receipt
.	Mailing Address 406 Mine Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chapel Hill	State NC	Zip Code 27517	Transaction ID: SA11AI.8952 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Duke University	Occupation Physician		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 40 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to EONS POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
/ Full Name (Last, First, Middle Initial) Dr. R. Kent Jex		Date of Receipt
Mailing Address 6600 South 66th S	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8953
Lincoln	NE 68516-3656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Nebraska Heart Institute	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. David R. Jones		Date of Receipt
Mailing Address 3303 Rosewood L	ane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8896
Charlottesville	VA 22903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Virginia	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John J. Kelemen	I	Date of Receipt
Mailing Address 2935 East Flint Na	ational Parkway	01 27 7 2009
City	State Zip Code	Transaction ID: SA11AI.8992
Andover	KS 67002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Selina Regional Health Ce- nter	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nal)	3500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to DNS POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Nicholas T. Kouchoukos Mailing Address 25 Picardy Lane		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Louis FEC ID number of contributing federal political committee.	State Zip Code MO 63124	Transaction ID: SA11AI.9009 Amount of Each Receipt this Period 365.00
Name of Employer Cardiac, Thoracic & Vascular Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Mark J. Krasna Mailing Address 3519 Oaks Road City Baltimore	State Zip Code MD 21208	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer St. Joseph Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Dr. Ganesh S. Kumpati Mailing Address 4657 Weatherwood	Lane	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Racine FEC ID number of contributing federal political committee.	State Zip Code WI 53403	Transaction ID: SA11AI.8882 Amount of Each Receipt this Period 500.00
Name of Employer Cardiothoracic Surgery Group Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	l) >	1365.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS Any information copied from such Reports a	for De	se separate schedule(s) reach category of the etailed Summary Page se sold or used by any perso	FOR LINE NUMBER: PAGE 24 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE			solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Stephen J. Lahey Mailing Address 400 East 52nd Stru	eet .		Date of Receipt	
			01 26 2009	
City New York		Zip Code 10022	Transaction ID: SA11AI.8971	
FEC ID number of contributing federal political committee.	C	10022	Amount of Each Receipt this Period 500.00	
Name of Employer Maimonides Medical Center	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Jack J. Leonard	Dr. Jack J. Leonard			
Mailing Address 2018 South Oneid	01 12 2009			
City Spokane		Zip Code 99203	Transaction ID: SA11AI.8873	
FEC ID number of contributing federal political committee.	C	99200	Amount of Each Receipt this Period 500.00	
Name of Employer Northwest Heart & Lung	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Sidney Levitsky	I		Date of Receipt	
Mailing Address 165 Tremont Stree	et		01 27 2009	
City <u>Boston</u>		Zip Code 02111	Transaction ID: SA11AI.8994 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Beth Israel Deaconess Med- ical	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (option	al))	1500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 40 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON			on for the purpose of soliciting contributions solicit contributions from such committee.
SOCIETY OF THORACIC SURGEON	IS POLITIO	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. John P. Marbarger			Date of Receipt
Mailing Address 1 Brentmoor Park			01 25 2009
City	State	Zip Code	Transaction ID: SA11AI.8918
Clayton	MO	63105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer St. John's Mercy Medical	Occupation Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Curtis C. Marder			Date of Receipt
Mailing Address 1414 West Fair Avenu	ie		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8972
Marquette	MI	49855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Cardiovascular Associates	Occupation Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Curtis C. Marder			Date of Receipt
Mailing Address 1414 West Fair Avenu	ie		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9010
Marquette	MI	49855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Cardiovascular Associates	Occupation Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 515.00	
SUBTOTAL of Receipts This Page (optional)		__	880.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 26 / 40 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. M. Blair Marshall Mailing Address 5914 Chesterbrook F City McLean FEC ID number of contributing federal political committee. Name of Employer Georgetown University Hospital Receipt For:	State Z VA Z	Zip Code 22101	Date of Receipt M M M / D D / Y Y Y Y Y O 1 25 2009 Transaction ID: SA11AI.8897 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Douglas J. Mathisen	Aggregate Year	500.00	Date of Receipt
Mailing Address 60 Pine Street City Dover		ip Code 02030	Transaction ID: SA11AI.8898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Surgical Associates- MGH	Occupation Physician		1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Thomas L. Matthew Mailing Address 7105 Quiet Retreat (Court		Date of Receipt
City Niwot		Zip Code 30503	Transaction ID: SA11AI.9011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Boulder Valley Thoracic	Occupation Physician	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON:			
Full Name (Last, First, Middle Initial) Dr. Constantine Mavroudis	3 FOLITIO	AL ACTION COMMITTEE	Date of Receipt
Mailing Address 130 Lakehurst Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8922
Bratenahl	ОН	44108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cleveland Clinic Foundati-	Occupation Physicia		
on Receipt For:		e Year-to-Date V	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. John E. Mayer, Jr.	1		Date of Receipt
Mailing Address 44 Skyline Drive			01 26 2009
City	State	Zip Code	Transaction ID: SA11AI.8884
Wellesley	MA	02482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Children's Hospital of Bo- ston	Occupation Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Frederick A. Meadors			Date of Receipt
Mailing Address 3 Sunset Drive			0 1 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.8899
Little Rock	AR	72207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer CV Surgeons, P.A.	Occupation Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1		3500.00

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 40 (check only one)
П	TEMIZED RECEIPTS	for each category of the	
-		Detailed Summary Page	
			13 14 15 16 17
A	Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any perso ne and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
-	NAME OF COMMITTEE (In Full)		
	angle society of thoracic surgeons f	OLITICAL ACTION COMMITTEE	
۰ ۲.	Full Name (Last, First, Middle Initial) Dr. John R. Mehall		Date of Receipt
	Mailing Address 6055 Wyman Lane	01 25 2009	
	City	State Zip Code	Transaction ID: SA11AI.8900
	Colorado Springs	CO 80906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Contura Hoolth	Occupation Physician	1
	Receipt For:	<u> </u>	-
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	365.00	
	Cities (speedily)	0 0 0 0 0 0 0 0	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Walter H. Merrill		Date of Receipt
	Mailing Address 8 Elmhurst Place		0 1 2 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.8973
	Cincinnati	OH 45208	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	1000.00
	University of Cincinneti	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General		
	Other (specify) ▼	1000.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Daniel L. Miller		Date of Receipt
<i>.</i>	Mailing Address 551 Gramercy Drive, North	heast	M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	
	Marietta	GA 30060	Transaction ID: SA11AI.8996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Emory University	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	riggiogato roa to bate .	1
	Other (specify)	1000.00	
	Carior (opcony)		1
Г			
	CURTOTAL of December Title D / . et B		2365.00
L	SUBTOTAL of Receipts This Page (optional)	<u>-</u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 40 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	ONS POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. J. Scott Millikan			Date of Receipt
Mailing Address 3319 Alpine Drive			01 12 2009
City Billings	State MT	Zip Code 59102	Transaction ID: SA11AI.8865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00102	500.00
Name of Employer Billings Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gordon F. Murray			Date of Receipt
Mailing Address 4217 Skeffington C	Court		0 1 25 2 0 0 9
City Southport	State NC	Zip Code 28461	Transaction ID: SA11AI.8923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20101	1000.00
Name of Employer West Virginia University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Keith S. Naunheim			Date of Receipt
Mailing Address 52 Middlesex Drive)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Louis	State MO	Zip Code	Transaction ID: SA11AI.8924
FEC ID number of contributing federal political committee.	C	63144	Amount of Each Receipt this Period
Name of Employer St. Louis University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	I		2500.00

SCHEDULE A (FEC Form 3X)

SCHEDUL	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 40 (check only one) X
or for commercia	copied from such Reports and S Il purposes, other than using the DMMITTEE (In Full) DF THORACIC SURGEON	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La	ast, First, Middle Initial)	3 FOLITIOF	AL ACTION COMMITTEE	
Dr. Francis C. Mailing Addre	Nichols ss 1034 Weatherhill Lane	e, SW		Date of Receipt 0 1 2 5 2 0 0 9
City Rochester		State MN	Zip Code 55902	Transaction ID: SA11AI.8925 Amount of Each Receipt this Period
·	per of contributing al committee.	C	33902	365.00
Name of Emp Mayo Clinic	oloyer	Occupatio Physicia		
Receipt For: Primary Other (s	General specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Dr. James P. 0	ast, First, Middle Initial) D'Rourke ss 8 Highlands Drive			Date of Receipt
City		State	Zip Code	0 1 2 6 2 0 0 9 Transaction ID: SA11AI.8974
<u>Paducah</u>		KY	42001	Amount of Each Receipt this Period
FEC ID numb federal politic	er of contributing al committee.	C		1000.00
Name of Emp Regional Hea gery	oloyer Irt & Lung Sur-	Occupatio Physicia		
Receipt For: Primary	General specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (La Dr. Mark B. Or	ast, First, Middle Initial)	<u> </u>		Date of Receipt
Mailing Addre	ss 1389 Towsley Lane			01 26 2009
City		State	Zip Code	Transaction ID: SA11AI.8955
Ann Arbor FEC ID numb federal politic	per of contributing al committee.	C	48105	Amount of Each Receipt this Period 365.00
Name of Emp University of	oloyer Michigan	Occupatio Physicia		
Receipt For: Primary Other (s	General General	, , , , , , , , , , , , , , , , , , , ,	e Year-to-Date ▼ 365.00	
SUBTOTAL of	Receipts This Page (optional)		\	1730.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 40 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	EONS POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Peter M. Pavlina			Date of Receipt
Mailing Address 252 Walnut Grove	e Drive		01 27 2009
City Dayton	State OH	Zip Code 45458	Transaction ID: SA11AI.8997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Kettering Cardiothoracic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard L. Prager			Date of Receipt
Mailing Address 3301 Timberwood	Lane		0 1 2 6 2 0 0 9
City Ann Arbor	State MI	Zip Code 48103-1769	Transaction ID: SA11AI.8956
FEC ID number of contributing federal political committee.	C	40103-1709	Amount of Each Receipt this Period 500.00
Name of Employer University of Michigan	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John D. Puskas			Date of Receipt
Mailing Address 854 Carlton Ridge	Northeast		01 26 2009
City Atlanta	State GA	Zip Code 30342	Transaction ID: SA11AI.8975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30342	1000.00
Name of Employer Emory University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)		2000.00

S S	information copied from such Reports and Sir commercial purposes, other than using the IAME OF COMMITTEE (In Full)	tatements may name and add	, not be sold or used by any perso	
/F	SOCIETY OF THORACIC SURGEON:	S POLITICA	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	full Name (Last, First, Middle Initial)	0211107		
_	Or. Joe B. Putnam, Jr. Mailing Address 515 Westview Avenue			Date of Receipt
_	N1 .	01-1-	7'- 01-	01 25 2009
	City Nashville	State TN	Zip Code 37205	Transaction ID: SA11AI.8902
F	EC ID number of contributing ederal political committee.	C	37203	Amount of Each Receipt this Period 365.00
N	lame of Employer /anderbilt University	Occupation Physician		
R	Receipt For: Primary General Other (specify) ▼	' 	Year-to-Date ▼ 365.00	
	rull Name (Last, First, Middle Initial) Dr. V. Sreenath Reddy			Date of Receipt
_	Mailing Address 26 Three Lakes Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	City	State	Zip Code	Transaction ID: SA11AI.8976
<u>S</u>	San Antonio	TX	78248	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		365.00
N	lame of Employer Iniversity of Texas	Occupation Physician		
R	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
	rull Name (Last, First, Middle Initial) Dr. Carolyn E. Reed			Date of Receipt
N	Mailing Address 39 Broughton Road			01 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.8937
<u>C</u>	Charleston	SC	29407	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
N	lame of Employer Medical Univ of SC	Occupation Physician		7
R	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 40 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO			
Full Name (Last, First, Middle Initial) Dr. John R. Roberts			Date of Receipt
Mailing Address 5181 Remington Dr	rive		01 26 2009
City Brentwood	State TN	Zip Code 37027	Transaction ID: SA11AI.8977
FEC ID number of contributing federal political committee.	C	37027	Amount of Each Receipt this Period 500.00
Name of Employer The Surgical Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. Robison			Date of Receipt
Mailing Address 95 Smith Lane			0 1 2 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.8998
Zionsville FEC ID number of contributing federal political committee.	C	46077	Amount of Each Receipt this Period
Name of Employer CorVasc	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Richard G. Rouse			Date of Receipt
Mailing Address 13707 Village Wood	d		01 26 2009
City San Antonio	State TX	Zip Code 78216	Transaction ID: SA11AI.8957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7.02.10	365.00
Name of Employer South Texas Cardiothoracic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
			1865.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 40 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	SOCIETY OF THORACIC SURGEO	NS POLITICA	L ACTION COMMITTEE	
\ \ .	Full Name (Last, First, Middle Initial) Dr. Andreas Sakopoulos			Date of Receipt
	Mailing Address 6 Woodland Road			01 26 7 2009
	City <u>St. Helena</u>	State CA	Zip Code 94574	Transaction ID: SA11AI.8958 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34374	500.00
	Name of Employer St. Helena Hospital	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas A. Schwann Mailing Address 11 Salisury Way			Date of Receipt
			7.0.	01 26 2009
	City Farmington	State CT	Zip Code 06032	Transaction ID: SA11AI.8959 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St. Francis Hospital	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
 :.	Full Name (Last, First, Middle Initial) Dr. David M. Shahian			Date of Receipt
	Mailing Address 31 Cresent Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8960
	Sudbury FEC ID number of contributing federal political committee.	C	01776	Amount of Each Receipt this Period 500.00
	Name of Employer Massachusetts General Hos- pital	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 40 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	ONS POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Joshua R. Sonett			Date of Receipt
Mailing Address 622 West 168th Str	reet		01 27 2009
City	State	Zip Code	Transaction ID: SA11AI.9012
New York FEC ID number of contributing federal political committee.	C	10032	Amount of Each Receipt this Period 500.00
Name of Employer Columbia University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Joshua R. Sonett			Date of Receipt
Mailing Address 622 West 168th Str	reet		0 1 2 7 2 0 0 9
City New York	State NY	Zip Code 10032	Transaction ID: SA11AI.9015
FEC ID number of contributing federal political committee.	C	10002	Amount of Each Receipt this Period 500.00
Name of Employer Columbia University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Vinay M. Tak			Date of Receipt
Mailing Address 184-51 Tudor Road	I		0 1 2 7 2 0 0 9
City Jamaica	State NY	Zip Code	Transaction ID: SA11AI.8999
FEC ID number of contributing federal political committee.	C	11432	Amount of Each Receipt this Period 500.00
Name of Employer SUNY Downstate Medical Ce- nter	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 40 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	the name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Vinod H. Thourani Mailing Address 2809 Loftview Squa	0.00		Date of Receipt
City	State	Zip Code	0 1 2 6 2 0 0 9 Transaction ID: SA11AI.8978
Atlanta FEC ID number of contributing federal political committee.	GA C	30339	Amount of Each Receipt this Period 250.00
Name of Employer Emory University	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy H. Trotter Mailing Address 920 Stanton L. You	ung Boulevard		Date of Receipt 0 1 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.8926
Oklahoma City	OK	73104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. John C. Wain			Date of Receipt
Mailing Address 1045 Brush Hill Ro	ad		0 1 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State MA	Zip Code	Transaction ID: SA11AI.8961
Milton FEC ID number of contributing federal political committee.	C	02186	Amount of Each Receipt this Period 510.00
Name of Employer Massachusetts General	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (optional	al)		1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 40 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
SOCIETY OF THORACIC SURGEONS	S POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. D. Christopher Wells			Date of Receipt
Mailing Address 848 Wildwood Road			0 1 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.8870
<u>Roanoke</u>	VA	24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cardiovascular Surgical	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Cameron D. Wright			Date of Receipt
Mailing Address 873 East Broadway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8930
South Boston	MA	02127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Massachusetts General Hos- pital	Occupatio Physicia		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Mr. Robert A. Wynbrandt			Date of Receipt
Mailing Address 921 Dryden Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9003
Highland Park	IL	60035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Society of Thoracic Surge- ons	Occupatio Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 40 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. J. Nilas Young Mailing Address 2221 Stockton Boul City Sacramento FEC ID number of contributing	State Zip Code CA 95817	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen C. Young Mailing Address 600 North Wolfe St City Baltimore FEC ID number of contributing	State Zip Code MD 21287	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer Johns Hopkins Hospital Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 365.00	365.00
Full Name (Last, First, Middle Initial) Dr. Joseph B. Zwischenberger Mailing Address 3200 Cashiers Coun	State Zip Code	Date of Receipt M M D D C Y Y Y Y Y Y Y Y Y
Lexington FEC ID number of contributing federal political committee.	KY 40513	Amount of Each Receipt this Period 365.00
Name of Employer University of Kentucky Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	
SUBTOTAL of Receipts This Page (optional	l)	1730.00

В.

C.

ago# 20002110022			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
THE INTEREST OF THE INTEREST O	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem		by any person fo	or the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political c	ommittee to soil	cit contributions from such committee
SOCIETY OF THORACIC SURGEONS PC	LITICAL ACTION COMM	MITTEE	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8935 Date of Disbursement
Mailing Address P.O. Box 53852			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & 2 & 5 \\ 0 & 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			371.96
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
American Express			Transaction ID: SB21B.8982 Date of Disbursement
Mailing Address P.O. Box 53852			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & 2 & 6 \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
•	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			290.23
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
American Express			Transaction ID: SB21B.9016 Date of Disbursement
Mailing Address P.O. Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & Z & P \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O \end{smallmatrix} \end{bmatrix} \ \mathbf{Y} $
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			179.24
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		>	841.43

TOTAL This Period (last page this line number only)

State:

A.

District:

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		— –	LINE NUMBER: F						PAGE 40 / 40				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	or each category of the			22 28a	23 28b		24 28c	Н	25 29		26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											,			
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	DLITICAL ACTION COMMI	TTEE	Ē.,											
Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852						ction ID Disburs	_			83 0 ŏ 9	Y			
,	State Zip Code AZ 85072	•			Amoun	t of Eac	n Dis	sburse	men	t this F		d		
Candidate Name	C	Catego Type	•											
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)													

SUBTOTAL of Disbursements This Page (optional)	•	4.95
TOTAL This Period (last page this line number only)	<u> </u>	846.38